

## David Iannuccilli

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**From:** David Iannuccilli  
**Sent:** Thursday, August 08, 2019 8:48 AM  
**To:** 'pvectc@yahoo.com'  
**Subject:** FW: Johnston FD EMS reporting  
**Attachments:** EMS Advisory #2019.03 FINAL 04302019.pdf

This came from Jason  
Dave

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**From:** Rhodes, Jason (RIDOH) [mailto:Jason.Rhodes@health.ri.gov]  
**Sent:** Wednesday, August 07, 2019 12:51  
**To:** David Iannuccilli <[ems@johnstonfire.us](mailto:ems@johnstonfire.us)>  
**Cc:** Ken Williams <[kwilliamsmd@gmail.com](mailto:kwilliamsmd@gmail.com)>; John Robinson (pvectc@yahoo.com) <[pvectc@yahoo.com](mailto:pvectc@yahoo.com)>  
**Subject:** Johnston FD EMS reporting

Good afternoon BC Iannuccilli,

During the process of performing quality review of intubation from across the state, it was noted that EKG and EtCO<sub>2</sub> tracings were not present in Johnston FD's reports.

Please review the attached advisory notice from April 2019 and instruct your staff to upload EKG and waveform capnography tracings on all calls, not just cardiac arrest. Also, orotracheal intubation is not the advanced airway of choice, as noted in the attached advisory notice. Please note these two incidents that were reviewed:

Incident #19-3846-IN:

1. Intubation was performed without use of a supraglottic airway
2. It was noted the ET tube was secured at the 24 inch mark at the teeth, not 24 mm.

Incident #19-2404-IN:

1. Intubation attempted x2 unsuccessfully
2. No mention of a supraglottic airway
3. Naloxone administered during cardiac arrest. It is not indicated during cardiac arrest, which is specifically mentioned in the pearls section of the current Cardiac Arrest protocol.

Jason M. Rhodes, MPA, AEMT-C  
Chief of the Center for Emergency Medical Services  
Tactical Communications Coordinator